

(Print on Regional Letterhead)

**PRIOR WRITTEN NOTICE OF PROPOSAL OR REFUSAL TO INITIATE OR CHANGE**

☐ Identification      ☐ Evaluation      ☐ Placement      ☐ Service Delivery

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Infant Toddler Program plans to take the following action:

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The reason for this action is: \_\_\_\_\_

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The following evaluation, procedure, test, record, and/or report was used in deciding whether to take this action:

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Description of options considered and reasons rejected:

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Other factors:

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A copy of your rights, including procedural safeguards, is enclosed or attached. This information can be provided in your native language. If you have any questions, please call:

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_